

| POSITION                  | INITIALS           | ID NO. | DATE     |
|---------------------------|--------------------|--------|----------|
| FEE DETERMINATION         |                    |        |          |
| O.I.P.E. CLASSIFIER       | <i>[Signature]</i> | 45     | 12/28    |
| FORMALITY REVIEW          | <i>[Signature]</i> | 90     | 01/04/01 |
| RESPONSE FORMALITY REVIEW |                    |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 +- ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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